VSICIANS should state OCCUPATION Is very

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Exact statement

properly classified.

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Item OF

Every Item CAUSE OF Important.

PARENT

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FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(Address)

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| STATE OF MARYLAND |
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| CERTIFICATE OF DEATH |
| |
| Registration Dist. No 3 \$151 |
| St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and comber.] |
| MEDICAL CERTIFICATE OF DEATH |
| F DEATH April 19 (Month) (Day), (Year) |
| 1 HEREBY CERTIFY, That I attended deceased from |
| |
| saw h = allve on Abril 19 1914 |
| ath occurred on the date stated above, at |
| OF DEATH* was as follows: |
| |
| home Nephiles |
| (Duration) yrs. 6 mos. ds. |
| ary) |
| (Doration) yrs mos ds. |
| (Boration) yrs mos ds. Observation yrs mos ds. Ju, 1914 (Address) Participated |
| |

*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

| 18 LENGTH OF RESIDENCE (FOR OR RECENT RESIDENTS) | Hospitals. Institutions, Transients |
|--|-------------------------------------|
| At place | In the |
| of death yrs mos ds. | State yrs mos d |
| Where was disease contracted, | |
| If not at place of death? | |
| Former or | |

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
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If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

REGISTRAR

PERSONAL AND STATISTICAL PARTICULARS SSINGLE, Sing 3 SEX 4 COLOR OR RACE WIDOWED, (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. statement. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None, Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPTERAL septichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



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See Instructions on

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

14 THE ABOVE IS TRUE TO THE

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DEATH

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PERSONAL AND STATISTICAL PARTICULARS DATE OF BIRTH (Month) (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in

| evaus | | give its N | AME Instead nd number.] |
|---|---|--|----------------------------|
| MEDICAL | CERTIFICATE C | OF DEATH | |
| 16 DATE OF DEATH | apr | 13 | , 1914 |
| ************************************** | (Month) | (Day | (Year) |
| 17 I HEREBY | CERTIFY, That | I attended dec | essed from |
| f -1.2, 19 | 91.4, to | f-1 | 3, 1914 |
| that I last saw hall | ve on | 4-1 | 3 , 191 5 |
| and that death occurred o | n the date state | d above, at | m |
| The CAUSE OF DEATH* | was as follows: | | 1 |
| ann 4 | haru | que | 2) |
| 1 | | ****************** | |
| | 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 00000000000000000000000000000000000000 | *************** |
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| | (Daration) | J 1 90 | V3 |
| Secondary | | | ******* |
| | (Ouration) | yrsm | ds |
| (Signed) all | Parke | | , M. D |
| 4-13,1914 (| 1 | | |
| *State the Disease C Causes, state (1) Mean Tal, Suicidal, or Homic | AUSING DEATH, ONS OF INJURY; & | r, in deaths fro | om VIOLENT er Acciden- |
| 18 LENGTH OF RESIDENT OR RECENT RESIDENTS) At place | CE (FOR HOSPITALS | s, Institutions, | TRANSIENTS |
| of death yrs mos. | ds. State | yrs, r | nos ds |
| Where was disease contracted, If not at place of death? | | | |
| Former or | ******************************** | ************************** | *************** |
| usual residence | •••••••••• | | *********************** |
| 19 PLACE OF BURIAL OF | REMOVAL | DATE OF BU | JRIAL |
| Celevist-10 | nopel | 7/14 | , 1914 |
| 20 UNDERTEKER A | -110 | ADDRESS | , /- |
| unas 10 | allon | Ocem | vice |

3 SEX MARRIEO, WIDOWED, ORDIVORCED (Write the word) (Day (Year) 7 AGE If LESS fhan f dayhrs. OR min. ? BOCCUPATION which amployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuluess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asscpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion,"



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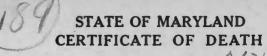
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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. See instructions on back of certificate. CAUSE OF Important. 0

1 PLACE OF DEATH



Registration Dist. No.

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[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]

| | FULL NAME | W/CE |
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| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 81 | School of Race 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| 6 D | ATE OF BIRTH Of 25th, 1913 (Month) (Day (Year) | 17 I HEREBY CERTIFY, That I attended deceased from |
| 7 A | GE It LESS than | and that death occurred on the date stated above, atm, |
| _ | yrs | The CAUSE OF DEATHY was as follower with Doctor allended |
| (a | OCCUPATION) Trade, profession, or ritcuiar kind of work | dont-Know |
| bus | General nature of industry, siness, or establishment in the mployed (or employer) | (Duratien) yrs mos ds. |
| - | IRTHPLACE (State or country) 1187 Cerles (alled | Secondary |
| | 10 NAME OF GOODES POWLEY | (Signed) (Boration) yrs mos ds. |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) Worker Country) | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Acciden- |
| PARE | of MOTHER DELSEE Blake | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERIE |
| | 13 BIRTHPLACE OF MOTHER (State or country) accountace to Va | At place of death yrs mos ds. State yrs mos ds |
| 14 | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| | (Informant) Europe Blake | Former or usual residence |
| | (Address) Stock her Jud | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 FI | 100 4/25/ 1914 M/ OHagne | 20 UNDERTAKER ADORESS ADORESS |
| | REGISTRAR | Howey Hurnel Stoelflowing |
| | If more blanks are needed, address State Regist | trar, & E. Franklin St., Balto, Requesting V. S. No. 1. |

No. 1. φ<u>2</u>

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[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to caeh and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate. |
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| RITE PLAINLY, WITH | Every Item of Information should be carefully su CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate. |
| M | Every item CAUSE OF important. |

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in St .:Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) ., 191. (Address) 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Itt death occurred in St.:....Ward) a hospital or institution. RECORD give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOROR RACE MARRIED. WIDOWED. (Month) (Day ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. t day.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? Cuar BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in UNFADING which employed (or employer) Contributory 9 BIRTHPLACE certifica Secondary (State or country) (Duration) 10 NAME OF FATHER 00 PARENTS 11 BIRTHPLACE 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME instructions OF MOTHER plai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place in the OF MOTHER (State or country) State yrs, ____ _____ yrs. ____ ds. Where was disease contracted. tt not at place of death? 9 Former or OF Every Item CAUSE OF Important. usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat 6 E. Franklin St., Balto, Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But iu many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same agreyted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. Example: Medsles (disease causing death), 29 ds.; injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeete., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Contheuia," "Anaemia" (merely symptomatie), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. etc. The contributory (secondary or intercurrent) valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbotic acid-probably smicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Always qualify all diseases resulting from "Seuile," etc.), "Dropsy." may be stated nuder the head of (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1914
BUREAU. V.S.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. carefully supplied. AGE should be st by that it may be properly classified. AGE should Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

1 PLACE OF DEATH

County WOZCELL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35 4

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| FULL NAME AND Manuel | | | | |
|--|--|--|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | | |
| Jewell Color or RACE 5 BINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from | | | |
| 6 DATE OF BIRTH | | | | |
| (Month) (Day (Year) | that I last saw h alive on Ms Huysician, 191 | | | |
| FAGE Solution If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at | | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | Alle Goral | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration)mosds. | | | |
| 9 BIRTHPLACE (State or country) | Secondary | | | |
| 10 NAME OF FATHER John Collins 11 BIRTHPLACE | (Signed) (Quration) yrs mos ds. (Signed) (Address) Shoeklan sud | | | |
| of FATHER (State or country) Wilcesler Collect | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) Worker Collection Collection | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs, mos ds Where was disease contracted, | | | |
| (Informant) The BEST OF MY KNOWLEDGE | If not at place of death? | | | |
| 15 Filed 5/6/ 1914 WORLING | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL ADDRESS | | | |
| REGISTRAR | trat, 6 E. Franklin St., Balto., Requesting V. S. No. 1. | | | |

V. S. No. 1.

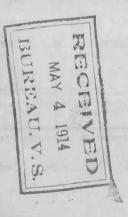
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal ferer (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," (Recommendations on statement of (disease cansing death), 29 etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



RECORD

si NOI PHYSICIANS shou PERMANENT INK supplied. UNFADING 0 WITH terms, n back piain instructions A OF CAUSE OF Every

(Address)

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Torcester Registration Dist. No. Ilt death occurred in a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, a f day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs mos. Where was disease contracted. It not at place of death?. (Informant)

Former or usual residence

19 PEACE OF BURIAL OR REMOVAL 20 UNDERTAKER

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balth., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: uess. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," ungnallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 The nature of the "Exhanstiou," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 1 1914

BUREAU, V.S.

S. No. 1.

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PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH Every Item CAUSE OF Important. m

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| n of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. | |

1 PLACE OF DEATH

County Worcester

Village or City Snowstice and



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35/

St.;....Ward)

[if death occurred in a hospifal or institution, give its NAME Instead of street and number.]

| | -FULL NAME | |
|--|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
| 3 SI | 4 COLOR OR RACE Seinger, MARRIED, WIOWED, WIOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| 6 D | ATE OF BIRTH | 17 I HEREBY GERTIFY, That I attended deceased from |
| | May 2-6. 19/0 (Month) (Day (Year) | that I last saw h allve on |
| 7 A C | # yrs / 0 mos 2 / ds. It LESS than 1 day, | and that desth occurred on the date stated above, at |
| B OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Indusfry, | | though it has Preumonia Ne only |
| whi | Iness, or establishment in Chemployed (or employer) RTHPLACE (State or country) | Gontributory Secondary |
| | 10 NAME OF FATHER Goody Coopin | (Signed) (Duration) yrs mos ds. |
| RENTS | 11 BIRTHPLACE OF FATHER (State or country) workester to med | *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden- |
| PAR | 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) workeration lo mid | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Hallie Gortin | | Where was disease contracted, If not at place of death? Former or usual residence |
| | (Address) anorothice and | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 Fli | ed 4/22, 191 4 REPOR Swith REGISTRAR | 20 UNDERTAKER ADDRESS William & Williams Snow this med |
| | If more blanks are needed, address State Regis | strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s

4335

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

| County | Registration Dist No. 350 |
|--|--|
| 5 9 | Registration Dist. No. |
| Man from Vo Ct Med | [If death occurred in |
| Village or City (98. | St.; Ward) a hospital or Institution, |
| 201 0 | give its NAME Instead |
| FULL NAME Myor only | of street and number.] |
| -FOLL NAME | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, | 16 DATE OF DEATH Ahad 18th |
| WIDOWED. | (Month) (Day (Year) |
| ORDIVORGED (Write the word) | I HEREBY CERTIFY, That Vattended deceased from |
| 8 DATE OF BIRTH | March 7th, 1914, to april 13 d 1914 |
| area. 10th, 831 | 0/ 1/27 |
| (Month (Day (Year) | that I last saw handlive on allive on 191 |
| 7 AGE // If LESS than | and that death occurred on the date stated above, at 3.15 7, m, |
| £ 2 1 day,hrs. | The CAUSE OF DEATH* was as follows: |
| yrs ds. ORmin. ? | D and |
| BOCCUPATION | Charles (Sant to decise |
| (a) Trede, profession, or particular kind of work. | The state of the s |
| (b) General nature of Industry, | The state of the s |
| business, or establishment in | (Duration) yrs, mos, ds. |
| which employed (or employer) | Contributory |
| 9 BIRTHPLACE (State or country) War of Chal | Secondary |
| The way of the first of the fir | (Buratian) / yrs mos ds. |
| 10 NAME OF FATHER | (Signed). A Jarksons No |
| Joshua non | 11/10/ |
| O 11 BIRTHPLACE | 1 1914 (Address) Toche he |
| 11 BIRTHPLACE OF FATMER (State or country) 12 MAIDEN NAME OF MOTHER Seton allen | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| 12 MAIDEN NAME Y - OR | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| a OF MOTHER Selon allen. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE |
| 13 BIRTHPLACE) / / / / | At place In the |
| OF MOTHER (State or country) Woreste, Co. My | of death yrs, mos ds. State yrs, mos ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where wes disease contracted. |
| for to T | If not at place of death? |
| (Informant) | Former or usual residence |
| Younger (it had | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) - Coare Re May, 10) | Walle Lell Day 4/20 |
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If nore blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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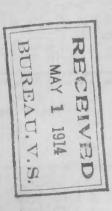
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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile fuctory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foremau," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origiu; "Canmus," affection need not be stated unless important. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenin," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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Every Item of Information should be carefully supplied, AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No. |
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| | | |

.St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

| | 2FULL NAME Thu Auce | A. |
|---------|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| 3 si | ale Colored (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 D | ATE OF BIRTH (Month) (Day (Year) | that I last saw h Line alive on 4/4/4 , 191 |
| 7 A | S + yrs 7 mos / ds OR min. ? | and that death occurred on the date stated above, at ff |
| (a) | CCUPATION) Trade, protession, or ricular kind of work | uyocontiis |
| bus | General nature of Industry, Iness, or establishment in Ch employed (or employer) | (Ouration) 7 yrs. mos. ds. |
| 981 | (State or country) woncesting by Ma | Gontributory Orlerio Scherozus Secondary (Duration) 3 yrs mos ds. |
| | 10 NAME OF FATHER dont no | (Signed) & Schritchart, M.D. |
| PARENTS | 11 BIRTHPLACE OF FATHER (State or country) dont | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| PAR | 12 MAIDEN NAME OF MOTHER down - 720 | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | OF MOTHER (State or country) done | At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, |
| | (Informant) Dale | It not at place of death? |
| 15 | (Address) Anowlone 2nd | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fastor. Gata country apr. 18 1914 |
| FII | ed 4/17, 1914 REKOZ Sunth | 20 UNDERTAKER ADDRESS The Solicians Annother m |
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cun-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all discuses resulting from Mcastes (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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BOCCUPATION (a) Trade, protession, or

particular kind of work (h) General nature of Industry, business, or establishment in

State or country)

ARENTS

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Filed.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

Informant

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE SEX MARRIED. WIDOWED, X Write the word) 6 DATE OF BIRTH (Month) 7 AGE

which employed (or employer) -----

(Day)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ilf death occurred to

| esa | St; Ward) | a hospital or Institution give its NAME Instead of street and oumber.] |
|---|---|--|
| S | MEDICAL CERTIFICATE OF D | EATH |
| 2/2 | 16 DATE OF DEATH Whole | 8 , 1914 |
| | (Month) 17 I HEREBY CERTIFY, That I at | (Day) (Year) |
| , 1887 | that I last saw h LL alive on agrab | 5th 191 4. |
| If LESS than | and that death occurred on the date stated ab- | |
| ORmin.? | The CAUSE OF DEATH* was as follows: | ioir |
| 000000000000000000000000000000000000000 | (Duration) | A Imos ds. |
| | (Secondary) | ************************************** |
| | (Duration) | yrsds. |
| ~ | (Signed) Tauk | forus , M. D. |
| 1 | *State the DISEASH CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL. | deaths from VIOLENT) whether ACCIDEN- |
| d EDGE | 16 LENGTH OF RESIDENCE (FOR HOSPITALS AND OR RECENT RESIDENTS) At place In the of death yrs. mes. ds. State Where was disease contracted, If not at place of death? | |
| | Former or usual residence | |
| | M. G. bannty Snow sti | ATE OF BURIAL |
| EGISTRAR | 1.5 6 | DORESS OW Hill |

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative heaithfulwho receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the dibease causing defined error for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Tuerferal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichucmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-nant neoplasms): **Meastes; **Whooping cough: Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile." etc.), "Dropsy," (name origin: "Can "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

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BURISAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. lit death occurred is St:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED, MIN (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated shove, at 10 am. 1 day, hrs. DEATH was as follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) (Duration)yrs.....mos..... 10 NAME OF FATHER (Signed)....., 191 4 (Address)... ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 11 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, Where was disease contracted. if not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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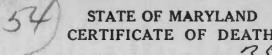


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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important S Every item

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| County Kuusuu | CERTIFICATE OF DEATH |
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| | Registration Dist. No. 350 |
| /illage or City Jocacche (No, | St.; Ward) [It death occurred in a hospital or institution, give its NAME instead |
| FULL NAME Farmer Mil. | Access and number. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| DATE OF BIRTH 2d March 1833 (Month) (Day (Year) | fully 1913 to Harris 3, 1914, that I last saw how alive on Assistance 1914. |
| TAGE If LESS than f day,hrs. | and that death occurred on the date stated above, at ## P.m. The CAUSE OF DEATH* was as follows: |
| yrs mos ds or min.? DOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | Colhandini yrs. 6 mos. ds. |
| (State or country) | Secondary (Duration) 3 yrs mos ds. |
| 10 NAME OF FATHER William Storge Mc arthurs 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME Clinisting Megisthyrs OF MOTHER OF MOTHER | (Signed) , M. D. (Address) A. |
| 13 BIRTHPLACE OF MOTHER (State or country) Cyland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted. |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | If not at place of death? Former or usual residence |
| (Address) Denne Roman Ro | Sleyandre & Va 45 |
| Filed 7/3 , 1914 Extracion Fellow an | Etermen Am Premote |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrcu-lcsis of lungs, meninges, peritonacum, etc., Carcin-

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1 PLACE OF DEATH Very County PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED. (Write the word) DATE OF BIRTH 13 that I last s (Month) (Day (Year) 7 AGE If LESS than and that dea t day,.....hrs. The CAUSE OR. -min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment In which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 50 terms, s PARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS OF important,

(Address)

30

16

| 3 STATE OF MARY | LAND |
|--|--|
| CERTIFICATE OF | DEATH |
| Registration Dist. | No. |
| St.; Ward) | [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| MEDICAL CERTIFICATE OF | DEATH |
| DEATH Will (Month) | 22 ,1914 (Day (Year) |
| HEREBY CERTIFY, That I a | ttended deceased from |
| aw h Malive on Whith occurred on the date stated all OF DEATH * was as follows: | bove, at 3 H m. |
| encer presst | follows, |
| Seart (Duration) | es of fres. |
| tory (Levi fur Duration) | Ars mos as. |
| U, 191 4 (Address) Dr | Hollace. |
| the Disease Causing Death, or, it tate (1) Means of Injury; and DAL, or Homicidal. | n deaths from VioLent (2) whether Acciden- |

TAL. SUIC 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, T OR RECENT RESIDENTS)

At place in the of death yrs. mos. _ ds. State Where was disease contracted,

It not at place of death? Former or

Contribu

*State

CAUSES.

Seconda

usual residence. 19 PLACE OF BURIAL OR REMOVAL

BATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Buite, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that faet may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g.. Farmer or Planter, For many oeeupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichue "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affectiou ueed not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela scpsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT HEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cte., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," cte.), . "Dropsy," may be stated under the head (Recommendations on statement of The nature of the "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 1 1914

BUREAU, V.S.

PERMANENT 4 -THIS UNFADING INK-WITH PLAINLY.

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YSICIANS should OCCUPATION IS

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DEATH

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Information

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Every item

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Important.

WRITE

No.

See Instructions on back

pinous

AGE

RECORD

EXACTLY.

PLACE OF DEATH 4341
County Mon Cecles

OF FATHER
(State or country)

12 MAIDEN NAME

13 BIRTHPLACE

14 THE ABOVE IS TRUE TO

(Address)

OF MOTHER

OF MOTHER (State or country)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

| (| Village or City O coucke Coffo. The | St.; Ward) [If death occurred io a hospital or institution, give its NAME Instead of street and number.] |
|---|--|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 | Jewel White (Single, Married, Wissowed, ORDIVORCED ORDIVORCED (Write the word) | 18 DATE OF DEATH July 22 , 1914 (Year) |
| | 6 DATE OF BIRTH Morch (Month) (Day (Year) | that I last saw here alive on Referred III., 1914. |
| | 7 AGE It LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 10 4 m. The CAUSE OF DEATH* was as follows: |
| | (a) Trade, protession, or particular kind of work. | Chamtinia |
| | (b) General nature of industry, business, or establishment in which employed (or employer) | (Ouration) yrs. / mos. ds. |
| | State or country) Harcostin & mer | Contributory Secondary (Duration) yrs 2/2 mos ds. |
| | 10 NAME OF FATHER | (Signed) |

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place in the ot death yrs, mos, ds. State yrs, mos, ds
Where was disease contracted,

It not at place of death?

usual residence

Prebytereage

DATE OF BURIAL

Po comde

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING V WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED

| PLACE OF DEATH 4342 | 55 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| County Worklete | Registration Dist. No. |
| VIIIage or City St. Martin (No. | St.; Ward) It death occurred in a hospital or institution, |
| FULL NAME Walter S. | Harrier give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MARRIED, MARRIED, MONTHS (Write the word) | 16 DATE OF DEATH April 29, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from |
| GDATE OF BIRTH State 5, 1863 (Month) (Day) (Year) | that I last saw hell alive on april 28, 1914 |
| TAGE If LESS than 1 day,hrs. | and that death occurred on the date stated above, at 1230 A.m., The CAUSE OF DEATH* was as follows: |
| BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in | (Buration) # yrs mos ds |
| which employed (or employer) ———————————————————————————————————— | Contributory Wellie (Secondary) (Daration) yrs mos 6 is |
| 10 NAME OF FATHER Thomas Horses | (Signed) / Perslesh, M.D. +/20, 1914 (Address) Slepvel ned |
| Z (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country) | , 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. |
| (Intermant) The Best of My Knowledge | Where was disease contracted, It not at place of death? Former or usual residence |
| 15 Filed And 30, 1914 & Clores | 19 EVACE OF BURIAL OR REMOVAL . DITE OF BURIAL |
| REGISTRAR If more blanks are needed, address State Registran | r, 6 E. Franklin St., Balton, Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Groceyy; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.). sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral septichieetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of delicapproved by Committee or Committee "Contributory." by carbolic acid-probably suicide. "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 do.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malle-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-The nature of the State cause for Never report

If this certificate is looked over thoroughly and all questions answered In detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1914 BUREAU, V.S. RECORD

FOR RESERVED MARGIN

V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4343

1 PLACE OF DEATH

STATE OF MARYLAND ERTIFICATE OF DEATH

| Cour | nty Muster | Registration Dist, No. 3 |
|--------|---|---|
| Viila | go or City Buln (No, Pachel and | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX | 4 COLOR OR RACE Abhite Single, Widowed, ORDIVORCED (Write the word) | 16 DATE OF DEATH April (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DAT | TE OF BIRTH (Month) (Day (Year) | Much 1 , 191 4 to Africe 11 , 191 4. that I last saw h = silve on April 11 , 191 4. |
| | If LESS than 1 day,hrs. OR min.? CUPATION Trade, profession, or | and that death occurred on the date stated above, at 7.30 Pm. The CAUSE OF DEATH* was as follows: |
| partio | General nature of Industry, ess, or establishment in n employed (or employer) | Contributory Secondary |
| ENTS | 10 NAME OF FATHER John Hudson 11 BIRTHPLACE OF FATHER (State or country) Berling Ind 12 MAIDEN NAME | (Signed) |
| Δ _ | 13 BIRTHPLACE OF MOTHER (State or country) Berlin MA | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Of death yrs, mos, ds Where was disease contracted. |
| | (Address) Bulin Ind. | If not at place of death? Former or usual residence |

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborcr," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Causuch, if impossible to determine definitely. Examples: mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. "Coutributory." by carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head oi (Recommendations ou statement of "Dropsy," "Exhaustion," Never report For vio-



BINDING

FOR

RESERVED

MARGIN

WRITE PLAINLY, WITH

Every item of Information should be CAUSE OF DEATH in piain terms, s DEATH in piain

0 ż Important.

1 PLACE OF DEATH

County wonereler



STATE OF MARYLAND CERTIFICATE OF DEATH

| | Registration Dist. No. |
|--|---|
| Village or City hear burnostice Md (No | St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Colored (Write the word) | 16 DATE OF DEATH Month) (Day (Year) |
| March 20. 1838 (Month) (Day (Year) | that I last saw h m alive on afral 2 the 1914. |
| 7 AGE It LESS than t day, hrs. or min.? | and that death occurred on the date stated above, at 11,30 am. The CAUSE OF DEATH* was as follows: |
| e occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) | follow (h baralgos) (Ouration) yrs. mos. 3 ds. |
| 9 BIRTHPLACE (State or country) Wornesser 2nd | Contributory Secondary (Duration) 7 yrs mos ds. |
| 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER O | (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANN OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) Womerster Co md | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 420 7 Share Core | Where was disease contracted, If not at place of death? Former or usual residence |
| (Address) Smoother and 16 Filed 4/13, 1914 Release Swith | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Phints Chapple currelary por 1 4, 191 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia." "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failnre," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.: "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

S. No. 1.

N. B

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, s. WRITE

County Worcester

189

STATE OF MARYLAND CERTIFICATE OF DEATH

legistration Dist. No. 351

| | 20 | Registration Dist, | No. |
|--------------|---|--|--|
| Village o | r city Rox From (No, _ | St.;Ward) | [If death occurred in a hospital or institution, give its NAME instead |
| | 2 FULL NAME Baby | shuson | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF I | DEATH |
| male | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCE GROUNGLE Write the word | 16 DATE OF DEATH (Month) |) 9 , 191 4 (Day (Year) |
| 6 DATE OF | BIRTH O | 17 I HEREBY CERTIFY, That I at | ttended deceased from |
| DATE OF | Cips. 19,914 | , 191, to | |
| 7 | (Month) (Day (Year) | that I last saw h alive on | 191 |
| 7 AGE | (Lived 3 hours) If LESS than 1 day, 3 hrs. | and that death occurred on the date stated at | ove, at 301 m, |
| | yrs mos ds OR min.? | The CAUSE OF DEATH* was as follows: | |
| BOCCUPA | | | , , |
| (a) Trade, p | rofession, or industrial management of work | no physic | can |
| | nature of Industry, | | |
| business, or | establishment in | (Duration) | .yrsds. |
| | yed (or employer) | Contributory | |
| (State | or country) | Secondary | ************************************** |
| 10 NA | ME OF 1 | (Duration) | yrs mos ds. |
| F/ | ATHER SAMUEL Johnson | (Signed) OEKon Durith | Z-Keg N.D. |
| S 11 B1 | RTHPLACE | , 19t (Address) Second | Hill and |
| N O | F FATHER State or country) | | doathe form Trees |
| N 12 MA | IDEN NAME | *State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL. | (2) whether Acciden- |
| 4 | F MOTHER Knng. Holland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN | STITUTIONS TO AND TO A STATE OF THE STATE OF |
| 13 BII | RTHPLACE 70-1 | OR RECENT RESIDENTS) At place In the | THANSIENTE, |
| (5 | State or country) Md. | of dealh yrs mos ds. State | yrs, ds |
| 14 THE AB | OVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, | |
| (informan | Maney E. Parker | Former or | **** * ***** * g********************** |
| (Internet | Ochot, mil | usual residence | |
| (Ad | dress) guallule, Ma. | 19 PLACE OF BURIAL OR REMOVAL | ATE OF BURIAL |
| 15 | 100 100 01.7 | gualettee Ma. | 1-20-,1914 |
| Filed. 4 | 123 181 4 de May Smith | HUNDERTAKER A | DDRESS |
| | REGISTRAR | Crnest Johnson y | udletree |
| | If more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V SN | 0. 1. m1. |
| | / ' | | 1100 |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the nisease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the INSEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligmia," "Puerregal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently fied.

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. 3.3. It death occurred inWard) a hospital or Institution. RECORD give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDDWED. (Month) (Day) (Year) (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH ciassified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 0 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly 8 OCCUPATION (a) Trade, protession, or INK particular kind of work... (b) General nature of Industry. pe business, or establishment in (Duration) may which employed (or employer) that it me Contributory... 9 BIRTHPLACE (Secondary) carefully o that it (State or country) 10 NAME OF FATHER 00 terms, on back 11 BIRTHPLACE (Address). All ENT OF FATHER pinous (State or country) *State the DISEASE CAUSING DEATH, or, 'In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country ot death State yrs. mos. Where was disease contracted. 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?of ā Former or (Informant) OF usua! residence important. Every its 19 PLACE OF BURIAL 15 1914. 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1. to reach the freak registion of

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," The (6)

losis of lungs, meninges, pcritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to term for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fcvcr (never report "Typhoid unqualified, is indefinite); Tubercu-Examples: Cerebrospinal

> childbirth or miscarriage. as "Purrerral scptichaecause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As Fronchopncumonia (secondary), 10 ds. Never repor oma. Surcoma. etc., of The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques

BUREA MAY

| | | should state |
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|) | RECORD | PHYSICIANS of OCCUPAT |
| T. B. No. 1. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| | | z |

| PLACE OF DEATH 4347 County worcestin Village or City Berlin md (No | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RACE MARRIED, WIDOWED, MUNICAL OR DIVORCED (Write the word) 8 DATE OF BIRTH March (Month) (Day) (Year) | 16 DATE OF DEATH April 17, 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from April 14, 191 (4, to April 17, 191 (4)) that I last saw here alive on April 17, 191 (4) |
| TAGE If LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, | and that death occurred on the date stated above, at |
| business, or establishment in thousewife Peinthplace (State or country) Manyland | (Duration) yrs mos ds. Contributory Message (Secondary) (Deration) yrs mos 7 ds. |
| 10 NAME OF FATHER James Rodney 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Andaric Brish | (Signed) , M. D. State the Dismass Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transferse |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted, if not at place of death? Former or usual residence |
| REGISTRAR | leurles of Worns Berlin and |

If more blanks are seeded, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: FOF VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 1 1914
BUREAU, V.S.

| B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very | MEGONE | PHYSICIANS should state | it of OCCUPATION is very | |
|--|--|---|---|--|
| *199 | WILL TEAMEN, WILL ON ADING INVESTIGATION IS A PERMISSION | N. BEvery item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme | in a patient Can Institute on healt of accession |

| Gounty Haruster 4348 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.53 |
|--|---|
| Village or City Mar Bishopillo | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, Drugs WIDDWED, WI | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Jan. 1914, to April 3 that I last saw have alive on April 3 1914 |
| 7 AGE It LESS than t day,hrs. ORmin.? | and that death occurred on the date stated above, at. 7 m. The CAUSE OF DEATH* was as follows: |
| 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) | Ido mat Braw (Duration) yrs. mos ds. Contributory (Secondary) |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER | (Signed) |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) | of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER ADDRESS |
| If more banks are needed, address State Regis trar, 6 | E. Franklin St., Balto., Requesting V. S No. 1. |

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, pot duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Tuesperal schilchae. -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is icss definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy." "Exhaustion," (name origin; "Can State cause for Examples: 0



| | | should state |
|--------------|---|---|
| 1 | RECORD | PHYSICIANS of OCCUPA |
| Y. S. No. 1. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| * | | ż |

| 1 PLACE OF DEATH 4349 County Moreisten | 39 STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|---|
| | Registration Dist. No. 2.5.2 |
| Village or City Delan Est (No.) | St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH UNICIMA | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from a faif 9, 1914, 100000000000000000000000000000000000 |
| (Month) (Day) (Year) | that I last saw h exalle on afrif 9th 1914 |
| 7 AGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 11-4m. The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work | (Duration) — yrs. 5 mos. ds. |
| 9 BIRTHPLACE (State or country) Proveestin County MM 10 NAME OF FATHER Isaae Furnul col | (Secondary) Contributory Jenus debelet of age (Secondary) (Duration) yrs mos ds. (Signey) Kaneis Jouque d. M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) Wressler 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) unknown | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| (Informant) Henry Franklin Col | Where was disease contracted, If not at place of death? Former or usual residence |
| Filed Opril /L: , 1914 Jos N Myunfad SOCAL REGISTRAR | DATE OF BURIAL OR REMOVAL Evergrun Country Cal April 18", 1914. 20 UNDERTAKER ADDRESS Bullin Jud |
| If more blanks are needed, address State Registrar, 6 B | Franklin St., Balto., Requesting V. S No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a defluite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallg dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1914
BUREAU, V.S.

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Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate.

Very

PHYSICIANS should state

RECORD

PERMANENT

V. S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND

| County Morces lev | CERTIFICATE OF DEATH Registration Dist, No. 350 |
|---|---|
| Village or Cyperay Eden (No | St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH ALLA A.2.9 | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (A) (A) (A) (B) (B) (B) (B) (B) |
| 7 AGE (Monta) (Day (Year) 1 day,hrs. ORmin.? | that I last saw here alive on the date stated above, at 191 m. The CAUSE OF DEATH* was as follows: |
| a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | (Buration) yrs mos 4 ds Contributory Secondary |
| (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NOTHER OF MOTHER | (Signed) (Doration) yrs mos ds (Signed) , M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. |
| of Mother Emmed Lemis 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. |
| (Address) Explan Md RR #1 | 19 PLACE OF BURIAL OR REMOVAL AND STREET TO BURIAL POUNDERTAKER ADDRESS |

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thin and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritoracum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustlon, mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent)



state Very County / Mars si NOI Registration Dist. No. 35 OCCUPATION [if death occurred in PHYSICIANS St.: Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 0 4 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or ۵ particular kind of work... (b) General nature of Industry. business, or establishment in UNFADING which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 0 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs. ____ mos. _ __ ds. Where was disease contracted, If not at place of death?. Former or OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUS 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blacks are needed, address State Registrate & E. Franklin St., Balto, Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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CAUSING DEATH (the primary affection with respect to time aud causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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| Ge | PLACE OF DEATH 4352 | STATE OF MARY CERTIFICATE OF | LAND DEATH |
|---------------------------|--|---|---|
| | | Registered | No. 35/ |
| v | illage or City Snow Hill (No | hardson St; Ward) | [If death occurred is a hospital or institution give its NAME instead of street and number.] |
| - | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF D | EATH |
| 3 SE | | 16 DATE OF DEATH (Month) 17 HEREBY CERTIFY, That I atte | (Day), 191 U |
| 6 D. | (Month) (Day) (Year) | 3/1 , 191 4 to 4/1 that I last saw h 22 alive on 4/12 | , 191.4, |
| 7 A C | Je stranger of the stranger of | and that death occurred on the date stated abo The CAUSE OF DEATH* was as follows: | ve, at)-30 Q m. |
| (a) par (b) busi | CCUPATION Orade, profession, or relicular kind of work Deneral nature of industry, iness, or establishment in ch employed (or employer) | (Ouration) y | 2 mos. ds. |
| 9 BI | 10 NAME OF FATHER GON A POINT | (Secondary) (Secondary) (Secondary) (Signed) | rs |
| ARENTS | 11 BIRTHPLACE (STATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in.d. Causes, state (1) Means of Injury; and (2) Tal. Suicidal, or Homicidal. | eaths from Violent whether Acciden- |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) Manyland | | ITS, MOS, ds. |
| | informant, Joseph Bichardson | Where was disease contracted, if not at place of death? Former or usual residence | ###################################### |
| 15 File | REGISTRAR | ME benuty Snow Hill ad AD Snow | DRESS |
| | if more blanks are needed, address State Registra | | |

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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RECEIVED

MAY 5 1914

BUREAU. V.S.

STATE OF MARYLAND

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS RECORD PERMANENT stated EXACTLY. BINDING 4 should be UNFADING INK-THIS IS FOR AGE RESERVED carefully supplied. MARGIN PLAINLY, WITH should be of Information CAUSE OF S. No. 1.

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should state of OCCUPATION Is very properly classified. Exact statement pe that it may CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;. .Ward)

Ilf death occurred in a hospital or institution,

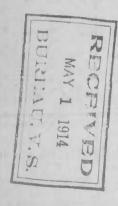
| FULL NAME & Suris Shine | of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male Hutz Single, Married, Middle Wilder the word) | 16 DATE OF DEATH PLOS 3", 191% (Month) (Day (Year) |
| 6 DATE OF BIRTH ROS 12 18 17 (Worth) (Day (Year) | that I last saw h alive on |
| 7 AGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at |
| (a) Trade, profession, or particular kind of work. (b) General nature of Industry, | Congestin of Gelder with |
| business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | Contributory Ruled puntrating Secondary |
| 10 NAME OF FATHER PULLAR CHILLING 11 BIRTHPLACE OF FATHER (State or country) train 6 | (Signed) (Address) (State the Disease Causing Death, or, in deaths from Violent |
| OF FATHER (State or country) Liquida 12 MAIDEN NAME OF MOTHER Pulley Tune 13 BIRTHPLACE OF MOTHER (State or country) | CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. |
| (Informant) A THE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? Former or usual residence |
| 16 Filed 44 , 1914 Johnson Steller | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ACLE MARKET ALLOW MARKET ADDRESS |
| | trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1. |

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essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Preeise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or mlsearriage as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae The nature of the Never report



No. **v**2

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| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| 2 Horcister | CERTIFICATE OF DEATH |
| County | Registration Dist. No. 357 |
| Village or City hear Inow the Mid | St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead |
| FULL NAME Tola, Shoch | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Amale Coloror RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 18 DATE OF DEATH (Month) (Way (Year) |
| DATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| 21 1 .01 | 4/4 1914 to 7/10 , 1917 |
| (Month) (Day (Year) | that I last saw h La alive on 4 14 114 191 |
| 7 AGE It LESS than | and that death occurred on the date stated above at |
| 3 yrs 2 mos /5 ds OR min.? | The CAUSE OF DEATH* was as follows: |
| OCCUPATION | 01 |
| (a) Trade, profession, or particular kind of work | Weusing Jarn of |
| (b) General nature of Industry, business, or establishment in which employed (or employer) | limbs + trouvalent yrs mos of |
| BIRTHPLACE (State or country) Wor easier Bo Ind | Contributory Plany with march Secondary |
| 10 NAME OF FATHER OPP 100 | (Signed) Selviseror us |
| - tegred wholely | I C M |
| | State the Division (Address) Smart feel, Med |
| 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, or HOMICIDAL. |
| a OF MOTHER arrenia Vormon | 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSCENT |
| 13 BIRTHPLACE OF MOTHER (State or country) woreslin Go md | At place in the of death yrs mos ds. State yrs mos d |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| (Informant) Soldon . T. Towell | Former or usual residence |
| (Address) Inoroldice mod | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) | Friend ship century apr 16, 191 |
| 4/18 4 8ECO AUTH | 20 UNDERTAKER |

REGISTRAR

In more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MS. Alleaus

Anonother md

STATE OF MARYLAND

4355

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlthus: Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persous return "Laborer," Salesman, But iu many "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Maras genital," "Collapse," "Coma," "Couvulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU, V.S.

No. vá

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be i important. See instructions on back of certificate. WRITE PLAINLY, WITH

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration | Dist. | No. De |
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| | | |

| lage or City Low Mnow, Lee (No | Ward) |
|--------------------------------|-------|
| | |

4356

1 PLACE OF DEATH

County STA ULL

VIII

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| | DEDCAMAL AND STATISTICAL DADTICHLADS | MEDICAL CENTRALES OF PETTY |
|------------|--|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 18 DATE OF DEATH (Month) (Day (Year) |
| 6 DA | TE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 4/8, 1914, |
| | (Month) (Day (Year) | that I last saw him alive on 4/7 |
| TAG | E If LESS than | and that death occurred on the date stated above, at 12 milks |
| | 2 1 yrs 9 mos // ds. OR min.? | The CAUSE OF DEATH* was as follows: |
| (a) | Trade, protession, or Farmer licular kind of work | |
| bush | General nature of Industry, ness, or establishment in the amployed (or employer) | (Buration) yrs mos ds. |
| 9 BII | RTHPLACE (State or country) | Gontributory |
| S | 10 NAME OF FATHER Robert Victor | (Signed) EtWiseract M. D. 4/9 1914 (Address) Snowfiel M.D. |
| N L | OF FATHER (State or country) Another Sind | *State the DISEASE CAUSING DEATH, qr, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. |
| Ω | 13 BIRTHPLACE OF MOTHER (State or country) Anough the mt | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, |
| | Informant) Research Wicklife | If not at place of death? Former or usual residence. |
| | (Address) Among will mis | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 15 File | 14/9 ,1914 Elag Swill REGISTRAR | 20 UNDERTAKER ADDRESS ADDRESS ADDRESS |
| | more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Canmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medleal Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meusles (disease cansing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



MARGIN

No. 1. 202

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PHYSICIANS should state of OCCUPATION Is very RECORD properly classifled. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS AGE certificate. of PLAINLY, WITH See instructions on back plain terms, should of information DEATH CAUSE OF Important. S

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

Ilt death occurred in a hospital or lostitution, give its NAME Instead ot street and number.]

1convile

| 44 | 2FULL NAME | Wreattly |
|------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 35 | eviale Bla etc Single, MARRIED, WIDOWED, OROVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| 6 p | ATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from |
| | (Month) (Day (Year) | that I last saw h |
| TA | GE It LESS than | and that death occurred on the date stated above, at 6 m. |
| | yrs mos ds. OR mlg.? | The CAUSE OF DEATH* was as follows: |
| (a | CCUPATION) Trade, protession, or articular kind of work | All Born |
| (b) |) General nature of Industry, siness, or establishment in pich employed (or employer) | (Duration) yrs mos ds. |
| 9 B | (State or country) Po country Cels Mul | Contributory Secondary |
| | 10 NAME OF Milliand Meultey | (Signed) (Si |
| ITS | 11 BIRTHPLACE OF FATHER | 181 (Address) Diemilaley nu |
| AREN | (State or country) 12 MAIDEN NAME OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 0. | Louisa Mallone | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| | of Mother (State of country) | At place In the of death yrs mos ds. State yrs mos ds |
| 14 - | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| | (Informant) Margaret Sydelotte | Former or usual residence. |
| 16 | (Address). Premila Eig me | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL HALLS HELL M / 5/2 1914 |
| P-1 | 1/2 mil Folmen Hellence | 20 UNBERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

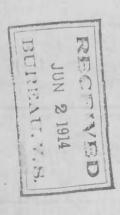
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not pald Housekecpers "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cuses, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsnits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But iu many "Forcman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendatious on statement of (secondary or Intercurrent) State cause for Never report



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| | should ion is |
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| ECORD | YSICIANS |
| 2 | t of |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | . B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. |
| INK-T | d. AGE |
| UNFADING | carefully supplie that it may be certificate. |
| WITH. | culd be terms, so n back of |
| E PLAINLY | information shall in plain in the last in plain instructions or |
| WRIT | -Every Item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. |
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state

County-

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No...

| Village or City Total afee MyNo. | St: | Ward) |
|----------------------------------|-----|-------|
| 1 0 61. | | |
| FULL NAME Margaret Cleria Hute | | |

PLACE OF DEATH

[it death occurred lo a hospital or institution,

| PERSONAL AND STATISTICAL PARTICULAR | S MEDICAL CERTIFICATE OF DEATH |
|---|---|
| 4 COLOR OR RACE SINGLE, MARRIED NIA WIDOWED ORDIVORCED (Write the word | 16 DATE OF DEATH Chief Law 191. (Month) (Day (Year) |
| Month) (Day | that I last saw he alive on Child 14 1915 |
| [7 0 10 | If LESS than and that death occurred on the date stated above, at 3000 The GUSE OF DEATH* was as follows: |
| CUPATION Frade, protession, or cular kind of work | Julianay Filmeror |
| General nature of industry, ess, or establishment in h employed (or employer) | Contributory of a diel alling of the |
| State or country) Many Company 10 NAME OF FATHER Hary Mutting | (Signed) (Signed) (Signed) (Address) (Manufacture) |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether Accide TAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN) |
| 13 BIRTHPLACE OF MOTHER (State or country) Throughout | At place of death yrs mos ds. State yrs mos |
| ntermant) | Where was disease contracted, It not at place of death? Former or usual residence |
| 4/14 1914 Estructulu | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Speseshal sucomule 1,15,191. |
| | EGISTRAR RELEVINSON Por Pocemble |

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dntles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cte., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, aunt neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligeanse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIOAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. thre of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds., Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of Never report



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-

| Cou | PLACE OF DEATH 4360 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------------------------------------|---|---|
| 000 | | Registration Dist. No. 357 |
| VIII | age or City Hornike Certain. | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | FULL NAME | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| The The | 4 COLOR OR RACE MARRIED WIDOWEO OR DIVORCED (Write the word) | (Month) (Day (Year) |
| 6 DA | TE OF BIRTH | July 29' 1912, to Copy 25 , 1914. |
| 7 AC | (2 2 2 1 day,hrs. | that I last saw h 24 alive on 2 2 5 77, 191 4 and that death occurred on the date stated above, at 4430 m. The CAUSE OF DEATH* was as follows: |
| (a) par (b) busi white | yrs mos ds OR min. ? CCUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country) | Contributory Frence Francista |
| | 10 NAME OF John Bloan | (Signed) (Lefel to Ree , M. D. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. |
| | 13 BIRTHPLACE OF MOTHER (State or country) Avong lower | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death |
| | Interment (Address) Complete City The | If not at piace of death? Former or usuai residence |
| 16 File | 4/20 191 111 | Me Cemeling 427 , 191 X 20 UADERTAKER ADDRESS Showing An Prepude |
| | If yore blanks are needed, address State Regist | crar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

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